DOCUMENT RESUME

ED 407 772 EC 305 528

TITLE	Survey of Connecticut Pediatricians on Early Intervention and Special Education.
INSTITUTION	Connecticut Univ. Health Center, Farmington.
SPONS AGENCY	Special Education Programs (ED/OSERS), Washington, DC.
PUB DATE	[97]
NOTE	57p.; Appendix D of "Physicians Training Project. Final Report," see EC 305 526.
CONTRACT	H029K20361-94
PUB TYPE	Numerical/Quantitative Data (110) -- Reports - Research (143)
EDRS PRICE	MF01/PC03 Plus Postage.
DESCRIPTORS	Compliance (Legal); *Disabilities; *Early Intervention; Educational Needs; Elementary Secondary Education; Federal Legislation; Information Needs; *Knowledge Level; Medical Services; Needs Assessment; *Pediatrics; *Physicians; Role; *Special Education; State Surveys; Tables (Data)
IDENTIFIERS	Case Management; *Connecticut; Early Periodic Screening Diagnosis and Treatment; Individuals with Disabilities Education Act Part H; Medicaid

ABSTRACT

A survey of 813 pediatricians in Connecticut assessed the knowledge and involvement of pediatricians with both the early intervention and special education systems. The 311 responses were analyzed in terms of background demographics, characteristics of respondents, description of medical practice, training about children with disabilities, coordination of services, knowledge of legislation concerning children with disabilities, knowledge of public programs, and training needs. Survey results indicated that most respondents were uninformed about Part H of the Individuals with Disabilities Education Act (IDEA) as well as other public programs which serve children with disabilities and their families. Respondents also reported a lack of training regarding children with disabilities. Although few respondents had heard of Part H of IDEA, they reported that they considered themselves as service coordinators for the children with disabilities in their practice. In addition, while most respondents accepted Medicaid patients, less than half of respondents reported that they performed Early Periodic Screening, Diagnosis, and Treatment (EPSDT) checkups which are mandated for children who are Medicaid eligible. Physicians recognized their need for information on public programs for children with disabilities in Connecticut. Tables and graphs detailing survey results are attached, and the survey form is appended. (Contains 15 references.) (DB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 407 772

Survey of Connecticut Pediatricians On Early Intervention and Special Education

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

For Information, Please Contact:
Physicians Training Project
Division of Child and Family Studies
Department of Pediatrics
University of Connecticut Health Center
Suite A200 - Farm Hollow
309 Farmington Avenue
Farmington, Connecticut 06032
(203) 679-4632

The Physicians Training Project is funded as a model demonstration grant from the U.S. Department of Education, Office of Special Education Programs, Division of Personnel Preparation Grant #H029K203

EC 305528

BEST COPY AVAILABLE

SURVEY OF CONNECTICUT PEDIATRICIANS
On
Early Intervention and Special Education
Physicians Training Grant
Division of Child and Family Studies
University Of Connecticut Health Center

The physician who provides medical care to a child with disabilities plays a key role in the ongoing support of the child and his/her family. The literature on early intervention and special education has often addressed the role of the pediatrician or family physician (Brewer, McPherson & Magrab, 1989; Coury, 1990; Howard, 1982; McInerney, 1984; Scott, et al, 1993; Shonkoff, Dworkin & Leviton, 1979), and federal law acknowledges the importance of the physician and health services by including them within the statewide system of early intervention. Unfortunately, however, few states have successfully integrated the health system, and the pediatrician or family-practice provider, the early intervention system. As a child ages into the special education system (age 3-21) the gap between the child's medical care and educational services only increases (Eaton, Coury & Kern, 1989). One reason for this situation is physicians' lack of awareness and knowledge about their role in state systems of early intervention and special education. This is not surprising, considering that both the preservice and inservice training of pediatricians place very little emphasis on the care and management of a child with disabilities (Scott, et al., 1993). However, the importance of a multidisciplinary team for early intervention, as stressed by Part H of the Individuals with Disabilities Act (IDEA), has stimulated interest in improving this situation (e.g., Coury, 1990; Peter, 1992; Schwab, 1991).

The American Academy of Pediatrics (AAP) has developed comprehensive medical education programs to meet the needs of pediatricians in practice. In 1978 a specialty task force released a report on pediatric education, assessing the health needs of children and the educational needs of the pediatricians who serve them. Among its conclusions, the task force found that: 1) all pediatricians should have the skills to cope with biosocial and developmental problems; and 2) residency programs need to emphasize training in the provision of care to children with chronic handicapping conditions (The Task Force on Pediatric Education, 1978). That same year, the Office of Special Education and Rehabilitation Services of the U.S. Department of Education funded the Academy to develop an inservice training curriculum that was used with over 5,000 primary care physicians who serve children with disabilities (Powers & Healey, 1982). Since then, however, few programs have had such scope and ambition (Coury, 1990).

For many years now, researchers have advocated continuing education programs for pediatricians on the care children with disabilities (Dworkin, Shonkoff, & Leviton, 1979; Haggerty, 1974). Among their recent recommendations is educating the pediatrician to provide a medical "home" for the primary medical care of each child (Koop, 1987). This home should be comprehensive, coordinated, family-centered, and community-based. This concept has been endorsed by both the AAP and the Bureau of Maternal and Child Health (National Center for Networking Community-Based Services, 1989). In order to provide such a home, physicians must know of, and be involved with, public programs which serve children with disabilities. A survey to determine the extent of the physicians' knowledge of, and involvement

with, public programs which serve children with disabilities is an important first step for those seeking to improve the involvement of physicians in the statewide early intervention and special education system.

PURPOSE OF THE STUDY

The purpose of this survey was to assess the current knowledge of, and involvement of pediatricians with both the early intervention and special education systems, and the other public programs which serve these children. The study addressed the following areas: 1) The pediatricians' background and current practice; 2) The pediatricians' knowledge of, and experience, with children with disabilities; 3) The pediatricians' understanding of public programs and their relationship to the care of children with disabilities; and 4) The pediatricians' interest in more information and training on children with disabilities, and what type of training would best assist them.

METHOD

Sample

All 813 pediatricians currently listed as members of the Connecticut Academy of Pediatrics were asked to participate in this investigation. The Connecticut chapter of the Academy of Pediatrics provided the mailing labels for these pediatricians and the survey team sent them a letter describing the purpose of the survey.

Procedures

The Division of Child and Family Studies, with assistance from an advisory board, developed a survey consisting of a checklist of thirty-three questions in four areas of inquiry, with a self-mailer for easy return of the survey (Appendix A).

The survey was sent to the 813 pediatricians in mid-April, 1993. A letter explaining the purpose of the survey was also sent with the survey. The University of Connecticut Medical School authorized this letter, which was signed by Dr. Mary Beth Bruder, Associate Professor in the Department of Pediatrics and Director of the Division of Child and Family Studies; Dr. Robert Greenstein, Professor in the Department of Pediatrics and Director of the Division of Genetics; and Dr. Lawrence Kaplan, Assistant Professor in the Department of Pediatrics and the Director of the Children with Special Health Care Needs at Newington Children's Hospital (an affiliate of the University of Connecticut). Dr. Kaplan is also the chair of the Connecticut Academy's division on children with disabilities. In addition to explaining the survey's purpose, the letter also requested the return of the survey by mid-May. After receiving 248 completed surveys by May 15, a second mailing to the remaining 565 non-responding pediatricians was mailed in early June.

RESULTS

Background demographics

Of the 813 pediatricians addressed, 311 returned completed surveys. Thirty-six surveys were returned because the pediatrician was no longer practicing or was deceased. Of the corrected Connecticut Academy membership of 777, then, the 311 returned surveys represent a return sample of 42.9%.

Characteristics of respondents

The average survey respondent (N=311) graduated in 1972 and completed residency in 1976. Medical school graduations for this survey population ranged from 1929 to 1992. Completion of pediatric residency ranged from 1931 to a projected date of 1995. The median date of

graduation for this population was 1975. Two hundred and fifty-nine (83.3%) respondents were Board Certified in Pediatrics (Figure 1), and 25 physicians were Board Eligible (Figure 2). Pediatricians who are Board Eligible have completed their residency training and are ready to take the written residency exam, while physicians who are Board Certified have completed their residency training and successfully passed the written residency exam. Although Connecticut has no continuing education requirements, the American Academy of Pediatrics requires continuing education units for national accreditation.

Description of current practice

Two hundred and eleven respondents (67.8%) have a full-time practice, and 46 (14.8%) are in part-time practice; 54 (17.4%) did not answer the question (Figure 3). The pediatricians spend on average 81% of their time in clinical practice. Fifty-three percent of the pediatricians are either in group or solo private practice and 11% are hospital based, while the other 36% have either government or academic practice (Table 1). A majority of the responding pediatricians (79.1%,N=246) say that they accept Medicaid patients (Figure 4). Of those 246 pediatricians who do accept Medicaid patients, 42.7% perform Early Periodic Screening, Diagnostic and Testing (EPSDT). (Figure 5)

Training on children with disabilities

The survey results showed medical schools provided training on children with disabilities to only 24.5% of the respondents (Table 2). Fifty-six percent of the pediatricians reported that their pediatric residency programs provided them with training on children with disabilities (Table 3). Table 4 and Table 5 show the relationship between the pediatricians' graduation dates from medical school, whether or not

they received disabilities training, and the relationship between the two. The pediatricians' Medical School graduation date was grouped by decade, with 1920 and 1930 as a single group; they also grouped pediatric residency graduation by decade, with 1920-1940 as a single group for completion of residency training. With the exception of 1920s-1930s (N=6) and 1990s (N=7) the pediatricians' Medical School training for disabilities in children increased in each decade. However, the residency/training by decade had a different distribution pattern: the percentage of pediatricians receiving disabilities training increased through the 1960s, decreased in the 1970s, and increased again during the 1980s.

Coordination of services

The questionnaire asked respondents if they coordinated services for children in their practice who receive special education or early intervention services. Two hundred and sixteen (69.5%) said they did coordinate services, 76 (24.4%) said they didn't, while 19 (6.1%) did not answer the question (Figure 6). The survey also asked the pediatrician if he or she had ever directly participated in developing either an Individual Education Plan (IEP) or an Individual Family Service Plan (IFSP). The IFSP (for ages up to 3) and IEP (for ages 3-21) are legal documents containing detailed information on the education of the child with disabilities. One hundred and one respondents (32.5%) had participated in the development of an IEP (Figure 7), while only 25 (8%) had participated in an IFSP (Figure 8).

Legislation concerning children with disabilities

The survey asked a two-part question regarding the pediatricians' knowledge of Part H of Individuals with Disabilities Education Act. When

asked if they had heard of Part H, 23.5% (N=73) answered yes, while 72% (N=224) answered no (Figure 9). Table 6 shows the cross-tabulation of pediatricians who coordinate services to children with disabilities and whether they had heard of Part H. This tabulation shows that of the 216 pediatricians who said they had provided coordination of services to children with disabilities, 60 had heard of Part H. Forty percent of those pediatricians with an academic appointment to the University of Connecticut had heard of Part H, 17.2% with an academic appointment to Yale had heard of Part H, and 19.6% of pediatricians in private practice had heard of Part H. The pediatricians were asked to answer the second part of the Part H question only if they had heard of Part H. The question was how informed were the pediatricians about Part H . The survey provided three choices for an answer: "well informed", "somewhat informed", and "slightly informed"; as well as a description of what each choice meant (Appendix A). Of those who said they had heard of Part H (N=73), 43.8% considered themselves "somewhat informed", 38.4% saw themselves as "slightly informed", while 17.8% described themselves as "well informed" (Figure 10).

The questionnaire asked a similar two part question about the Americans with Disabilities Act (ADA). The vast majority of the pediatricians 80.1% (N=249) said they had heard of ADA (Figure 11). One hundred percent of those pediatricians with an academic appointment to the University of Connecticut had heard of the Americans with Disabilities Act, and 85.7% of pediatricians with an academic appointment to Yale had heard of ADA, while 77.1% of those pediatricians in private practice had heard of ADA. Of those pediatricians who had heard of ADA, 8.4% (N=21) considered themselves

"well informed" and 39.9% (N=99) "somewhat informed", 51% (N=127) considered themselves "slightly informed"(Figure 12).

Knowledge of public programs

The pediatricians then rated their understanding of fourteen different public programs and their relationship to the care to children with disabilities. Table 7 shows each public program surveyed and the pediatricians' level of understanding of the following programs: Aid to Families with Dependent Children; Birth to Three Service Coordination; Board of Services for the Blind; Children with Special Health Care Needs; Commission on the Deaf and Hearing Impaired; Department of Income Maintenance (Social Services); Department of Mental Retardation; Department of Children and Families; Early Periodic Screening, Diagnosis and Treatment; Healthy Start; Medicaid; Special Education; Supplemental Social Security (SSI); Women, Infants and Children (WIC).

Training needs

The last section of the survey explored the responding pediatricians' level of interest in learning more about any subject pertaining to young children with disabilities under Part H of IDEA, as well as their preferred format for learning. Of the 311 respondents, 79.7% (N=249) were interested in learning more about any subject pertaining to young children with disabilities under Part H of IDEA (Figure 13). Those interested in learning more were asked to rank the format choices from one to eight, with one the most preferred, eight the least preferred. Brochures were the most preferred training format (mean=2.5), with grand rounds (mean=3.01) the next preferred. The least preferred method was "Mini-Fellowship/Post Graduate Work". The lower

the mean reveals the more preferred format. See Table 8 for the order of preference of all surveyed formats.

DISCUSSION

The survey results demonstrated that most pediatricians are uninformed about Part H of IDEA, as well as other public programs which serve children with disabilities and their families. This is not surprising since this sample also reported a lack of training regarding children with disabilities within their medical school and residency training programs. These data support similar findings by others also interested in the involvement of physicians with children with disabilities (Dworkin, Shonkoff, & Leviton, 1979; Scott, et al., 1993).

While a lack of knowledge on programs for children with disabilities was well documented on this sample, two areas are worth noting. First, most of the responding pediatricians reported that they considered themselves as service coordinators for the children with disabilities in their practice. However, few reported having heard of Part H of IDEA. This lack of knowledge about the Part H program obviously limits the pediatrician's ability to provide comprehensive service coordination services to the children in his practice who have disabilities. Secondly, although most of the respondents accepted Medicaid patients, less than half reported that they performed EPSDT checkups. The Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program, is part of the Medicaid program for children, and as such, was initiated in the late 1960s. EPSDT mandates early and periodic medical, dental, vision and developmental screening, diagnosis and treatment of all children and youth under 21 years of age who are Medicaid eligible. EPSDT is also known as Health Track in Connecticut. The obvious lack of knowledge

and practice with EPSDT suggests a lack of full health services for Medicaid eligible children in Connecticut.

Perhaps one of the survey's most significant findings was the large number of physicians interested in learning more about subjects pertaining to young children with disabilities and services under Part H of IDEA. The respondents whole-heartedly endorsed the need for information on public programs for children with disabilities in Connecticut. The results of this survey strongly support a need for increased information and training to improve the pediatricians' ability to provide more comprehensive care to children with disabilities.

References

Brewer, E., McPherson, M., Magrab, P., & Hutchins, V. (1989). Family-centered, community-based, coordinated care for children with special health care needs. Pediatrics, 83(6), 1055-1060.

Coury, D. (1990). Training physicians for increased involvement with children with special needs. Infants and Young Children, 2(4), 51-57.

Dworkin, P. H., Shonkoff, J. P., Leviton, A., et. al., (1979). Training in developmental pediatrics. American Journal for Disabled Children. 133, 709-712.

Eaton, A. P., Coury, D. L., & Kern, R. A. (1989). The roles of professionals and institutions. In R. E. Stein (Ed.), Caring for children with chronic illness: Issues and strategies New York: Springer.

Haggerty, R. J. (1974). The changing role of the pediatrician in child health care. American Journal for Disabled Children. 127, 545-549.

Howard, J. (1982). The role of the pediatrician with young exceptional children and their families. Exceptional Children, 48, 316-322.

Koop, C. E. (1987). Surgeon General's Report: Children with Special Health Care Needs-Campaign '87-Commitment to Family-Centered, Coordinated Care for Children with Special Health Care Needs No. Washington DC: US Department of Health and Human Services.

McInerny, T. (1984). Role of the general physician in coordinating the care of children with chronic illness. Pediatric Clinic of North America, 31, 199-210.

National Center for Networking Community-Based Services. (1989). Establishing a Medical Home for Children Served by Part H of Public Law 99-457. Washington DC: Bureau of Maternal and Child Health and Resources Development and the American Academy of Pediatrics.

Peter, M. I. (1992). Combining continuing medical education and systems change to promote physician involvement. Infants and Young Children, 4(4), 53-62.

Powers, J., & Healy, A. (1982). Inservice training for physicians serving handicapped children. Exceptional Children, 48, 332-336.

Schwab, W. E. (1991). Teaching family centered care to medical students--The University of Wisconsin curriculum. Medical Home Newsletter, 4, 2, 5-8.

Scott, F.G., Lingaraju, S., Kilgo, J.L., Kregel, J., & Lazzari, A. (1993). A survey of pediatricians on early identification and early intervention services. Journal of Early Intervention,17(2), 129-138.

Shonkoff, J., Dworkin, P., Leviton, A., et. al., (1979). Primary care approaches to developmental disabilities. Pediatrics, 64, 506-514.

The Task Force on Pediatric Education. (1987). The Future of Pediatric Education. Evanston, IL: American Academy of Pediatrics.

List of Tables

TABLE 1
Primary Type of Practice

	N	%
SOLO PRIVATE PRACTICE	48	15.4%
GROUP PRIVATE PRACTICE	117	37.6%
HOSPITAL BASED	35	11.3%
MANAGED CARE PRACTICE	13	4.2%
ACADEMIC UCONN	25	8.0%
ACADEMIC YALE	30	9.6%
ACADEMIC OTHER	3	1.0%
GOVERNMENT	8	2.6%
MISSING	32	10.3%

TABLE 2
Did the Responding Physician's Medical School Training Include Specific Curriculum on Children with Disabilities

	N	%
YES	76	24.4%
NO	225	72.3%
MISSING	10	3.2%

TABLE 3
Did the Responding Physician's Pediatric Residency Include Specific Training on Children with Disabilities

	N	%
YES	172	55.3%
NO	129	41.5%
MISSING	10	3.2%

TABLE 4
Medical School Graduation and Receipt of Training in Medical School on Children with Disabilities

	Training in Med School	No Training
1920 - 1939	1	5
1940 - 1949	0	14
1950 - 1959	5	21
1960 - 1969	12	39
1970 - 1979	21	57
1980 - 1989	33	80
1990 - 1992	1	6

TABLE 5
Year Completed Residency and Receipt of Training on Children with Disabilities During Residency

	Training in Residency	No Training
1920 - 1949	4	6
1950 - 1959	11	13
1960 - 1969	20	12
1970 - 1979	45	38
1980 - 1989	68	43
1990 - 1992	20	15

TABLE 6
Coordination of Services and Knowledge of Part H

	Heard of Part H	Have not Heard of Part H
COORDINATE SERVICES	60	156
DOES NOT COORDINATE SERVICES	11	63

TABLE 7
Physicians' Knowledge of Public Service Programs

	Well Understood	Somewhat Understood	Not Understood	Need More Information	Missing
Aid to Families with Dependent Children	22.5%	47.3%	9.6%	14.5%	6.1%
Birth to Three Service Coordination	36.7%	38.9%	7.1%	12.2%	5.1%
Board of Services for the Blind	6.4%	25.7%	30.2%	32.5%.	5.1%
Children with Special Health Care Needs	10.3%	31.2%	24.4%	28.9%	5.1%
Commission on the Deaf and Hearing Impaired	4.5%	26%	30.2%	33.4%	5.8%
Department of Income Maintenance (Dept. of Social Services)	21.5%	40.5%	14.1%	18.6%	5.1%
Department of Mental Retardation	19.6%	47.9%	10.3%	17%	5.1%
Department of Children and Families	48.6%	37%	3.2%	6.1%	5.1%

TABLE 7 (continued)
Physicians' Knowledge of Public Service Programs

	Well Understood	Somewhat Understood	Not Understood	Need More Information	Missing
Early Periodic Screening, Diagnosis and Treatment	26.4%	38.3%	12.9%	13.6%	5.5%
Healthy Start	24.8%	37%	16.4%	16.7%	5.1%
Medicaid	39.9%	43.4%	4.2%	7.1%	5.5%
Special Education	25.1%	43.1%	10.9%	15.1%	5.8%
Supplemental Social Security (SSI)	13.2%	37.6%	24.8%	18.6%	5.8%
Women, Infants and Children (WIC)	55.9%	31.5%	3.5%	3.4%	5.1%

TABLE 8
Preferred Training Method

	Mean	SD
BROCHURES / INFORMATION PACKETS(N=247)	2.50	2.35
MINI FELLOWSHIP / POST GRADUATE WORK (N=237)	6.05	2.05
PERSONAL MEETING IN DOCTOR'S OFFICE (N=237)	5.39	1.89
EVENING MEETINGS(N=235)	5.25	1.46
GRAND ROUNDS (N=237)	3.01	1.70
SPECIAL SEMINARS (N=238)	3.58	1.52
INFORMATIONAL PHONE CALL (N=233)	4.68	1.78
OTHER (N=175)	4.70	2.62

This question was rated on a Scale of 1(most preferred) to 8 (least preferred). Therefore, the lower the number, the more preferred the format.

List of Figures

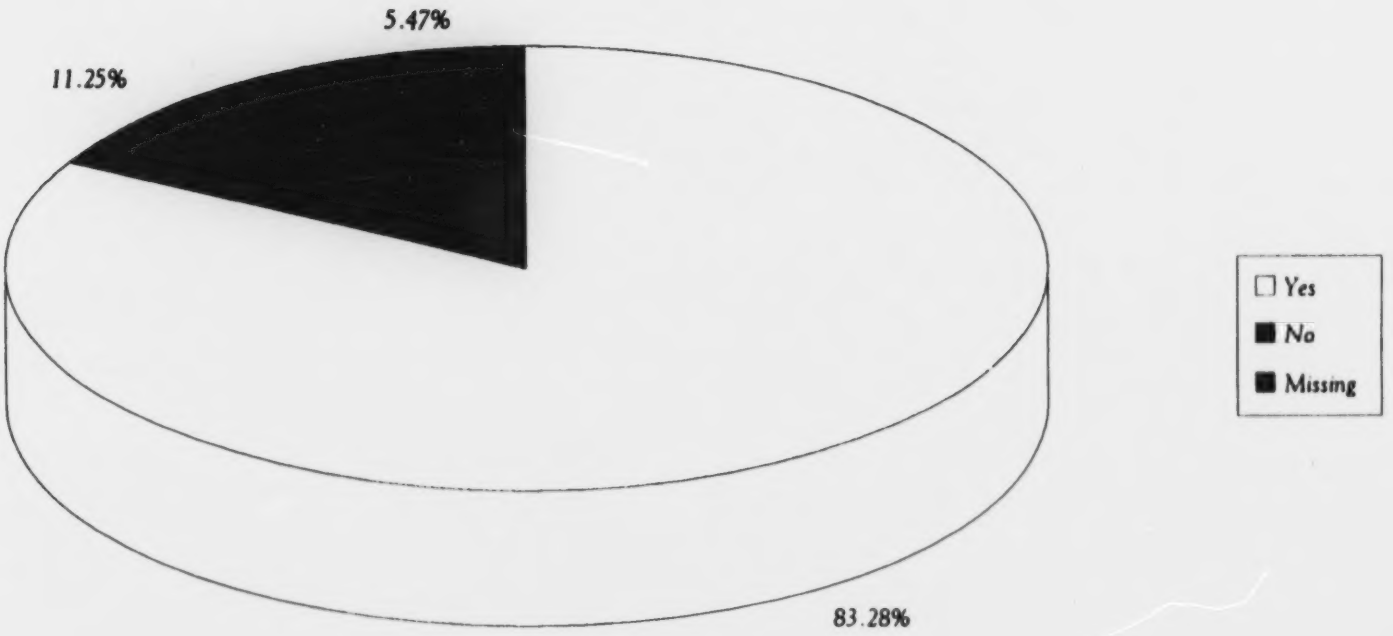

Figure 1. Certified in Pediatrics

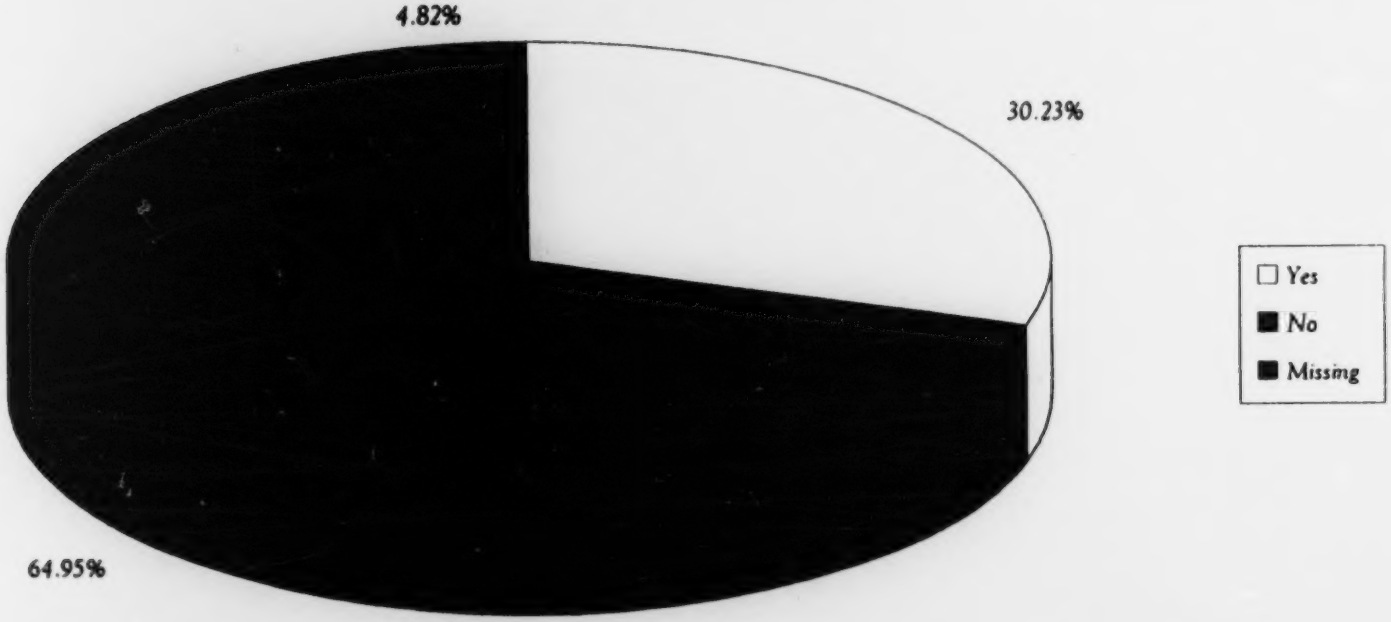

Figure 2. Board Eligible

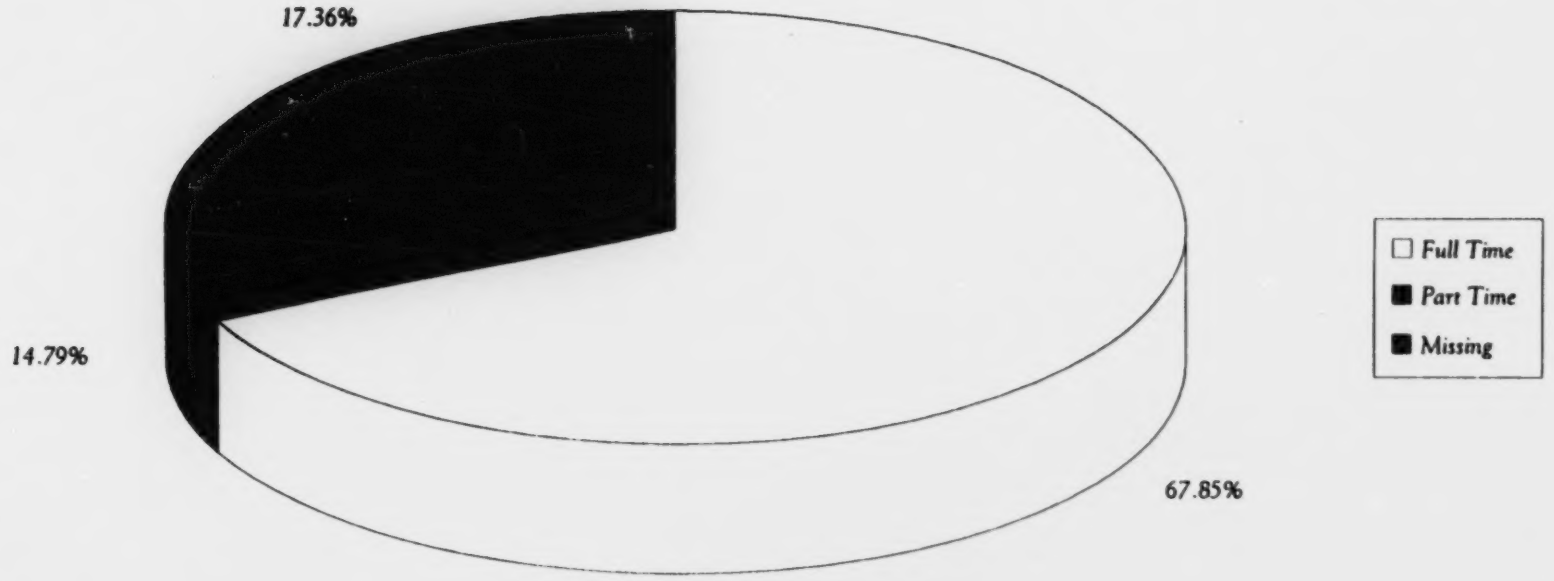

Figure 3. Type of Practice

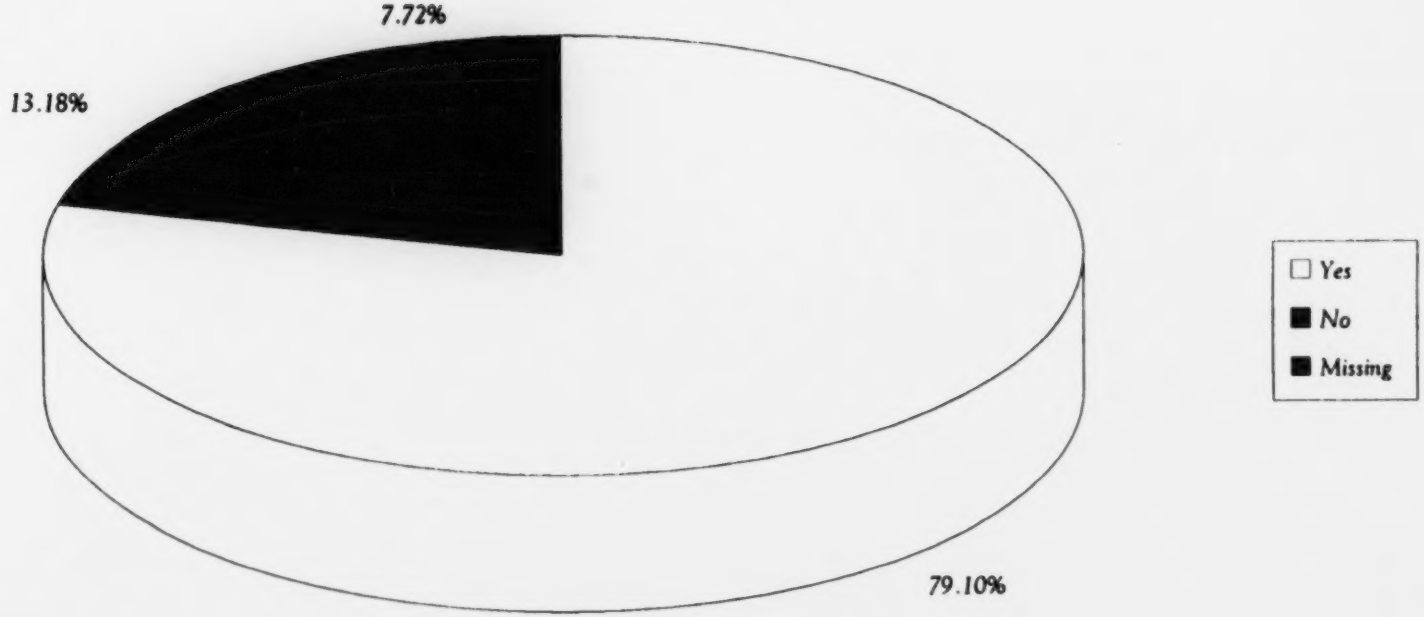

Figure 4. Accepts Medicaid

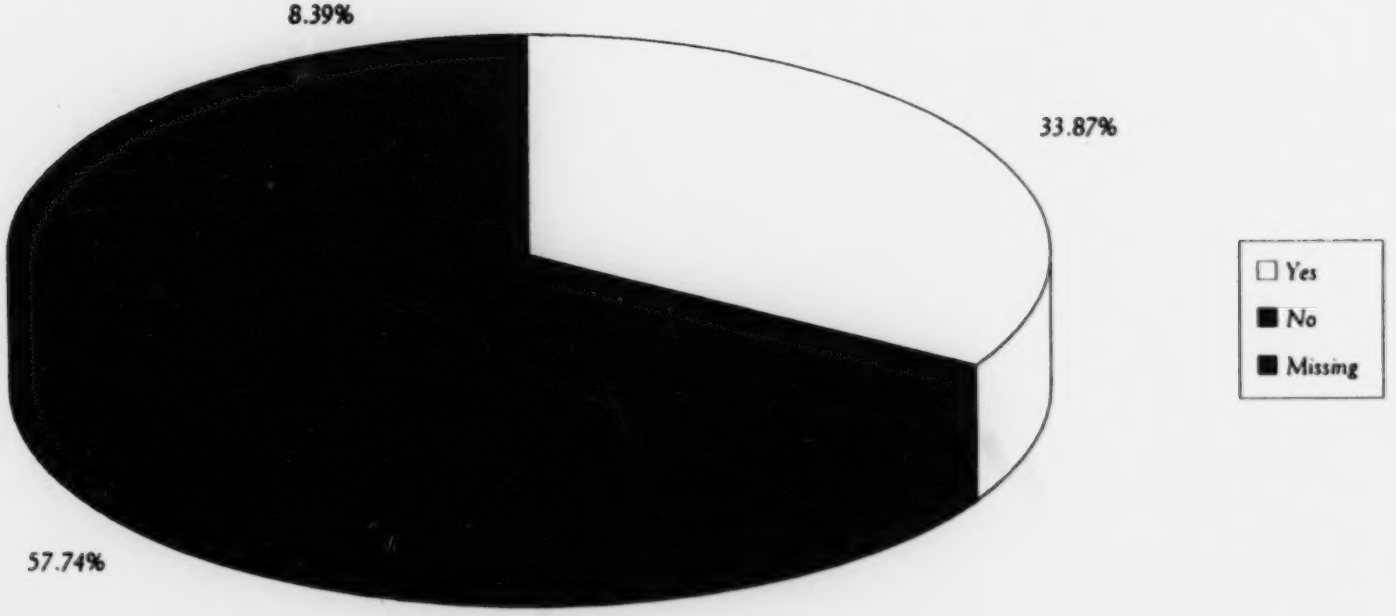

Figure 5. Completes EPSDT

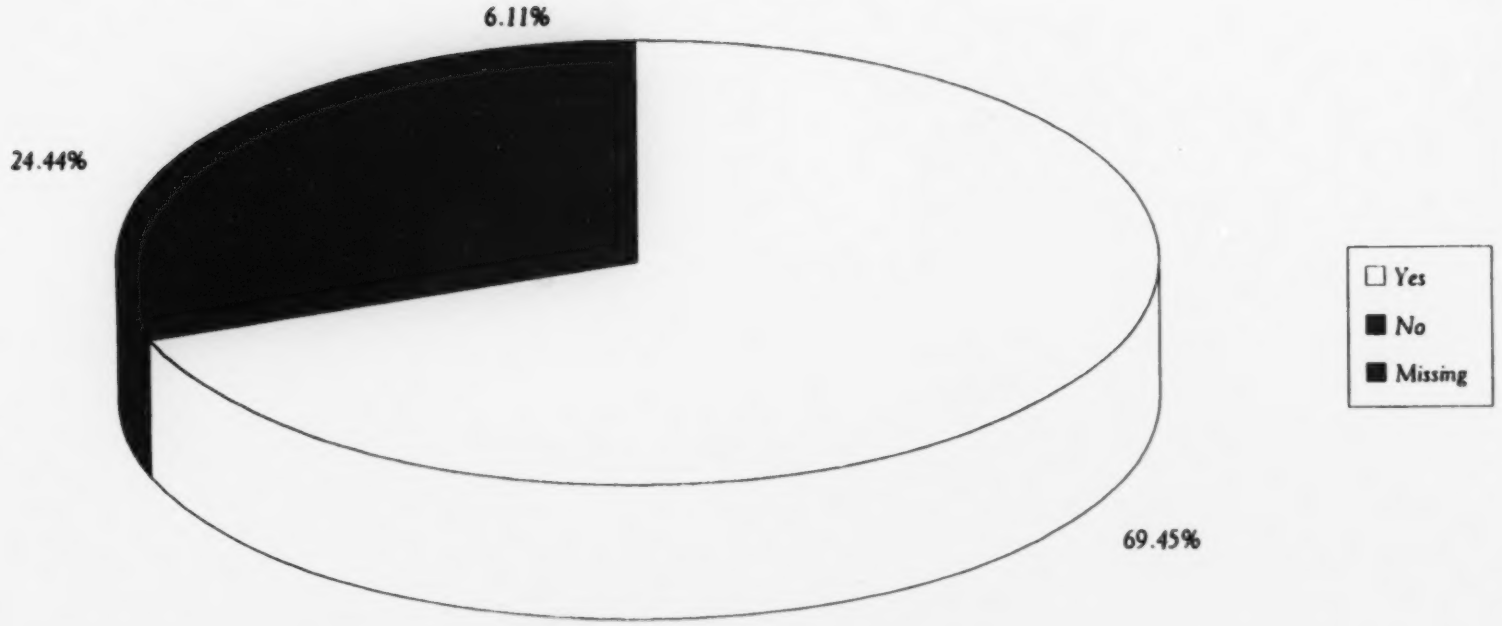

Figure 6. Coordinates Services for Children

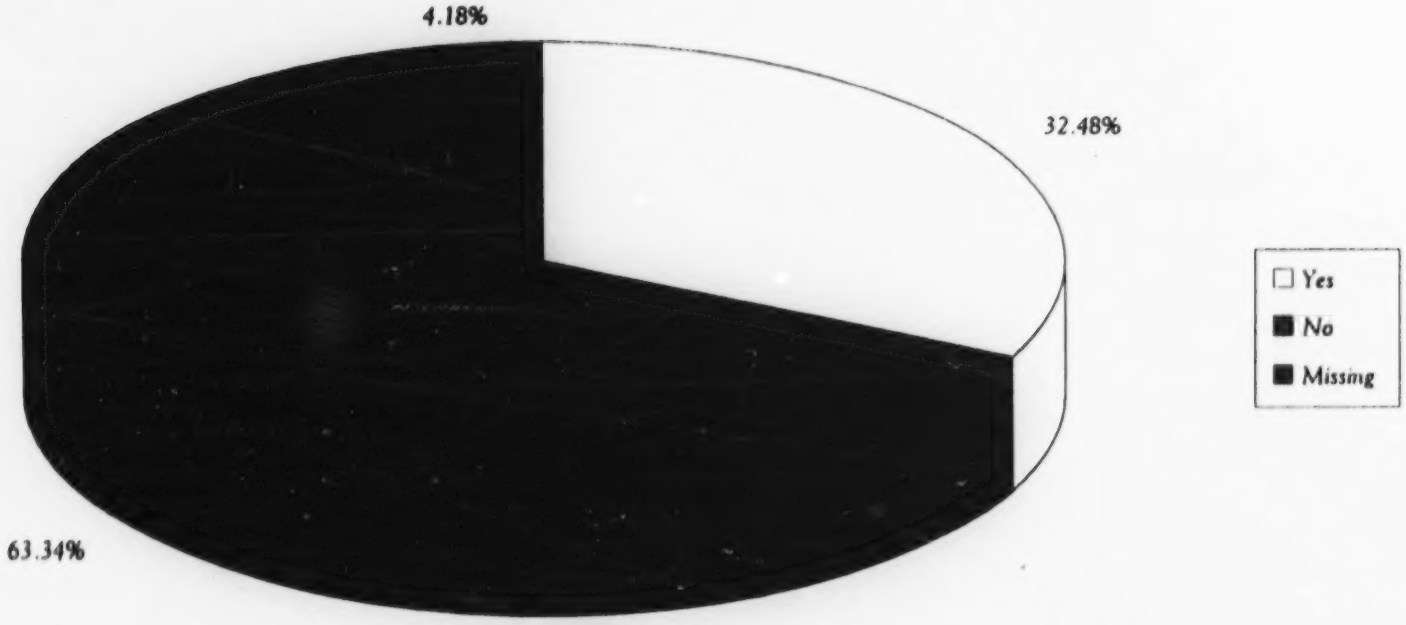

Figure 7. Participated in the development of an Individualized Education Plan (IEP)

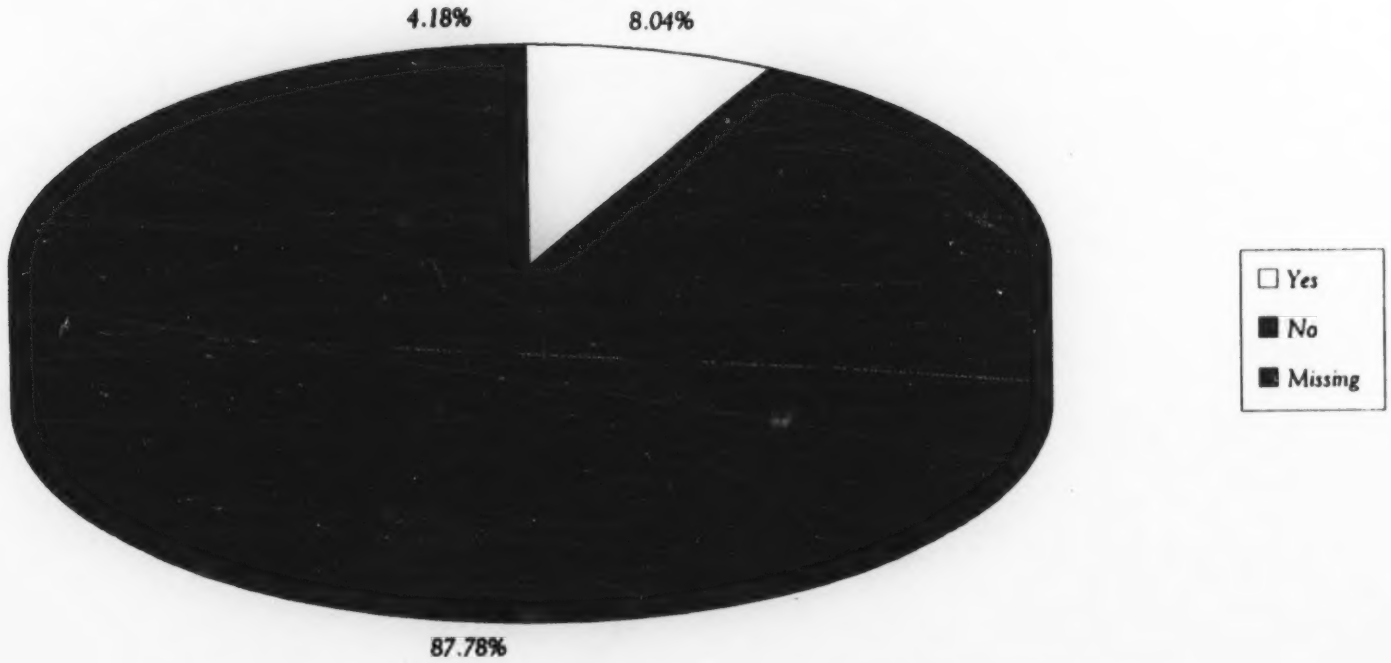

Figure 8. Participated in the development of an Individualized Family Service Plan (IFSP)

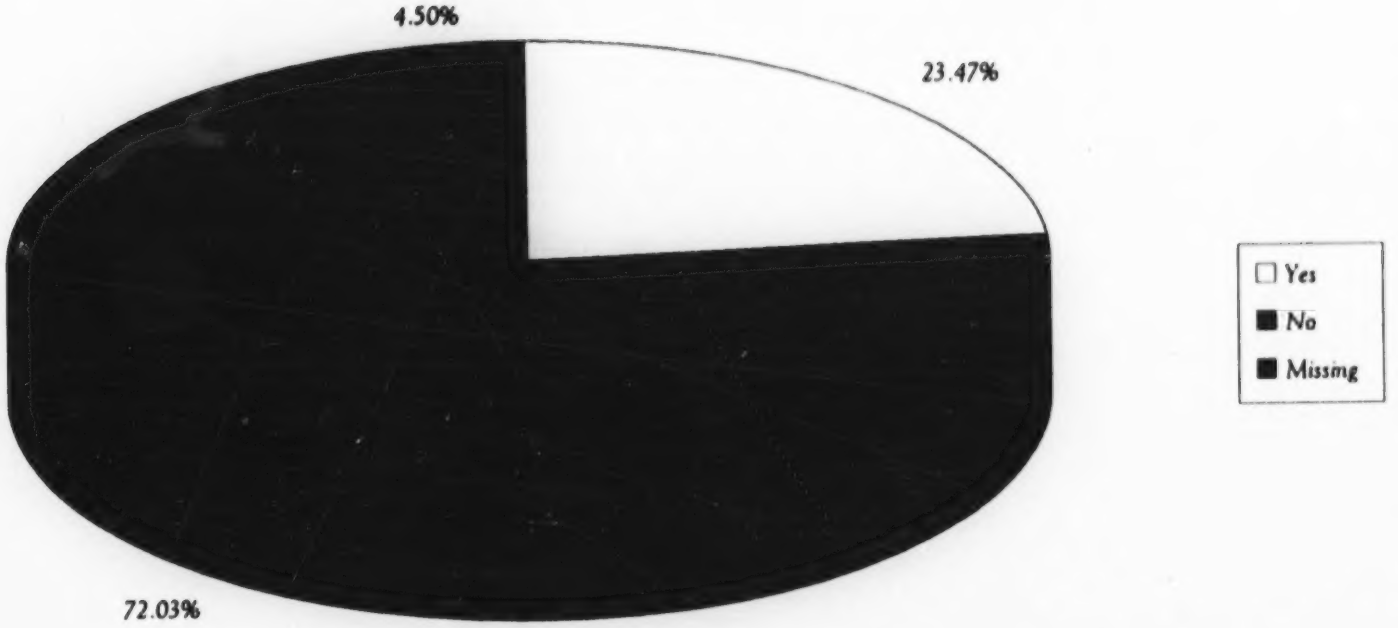

Figure 9. Heard of Part H of IDEA

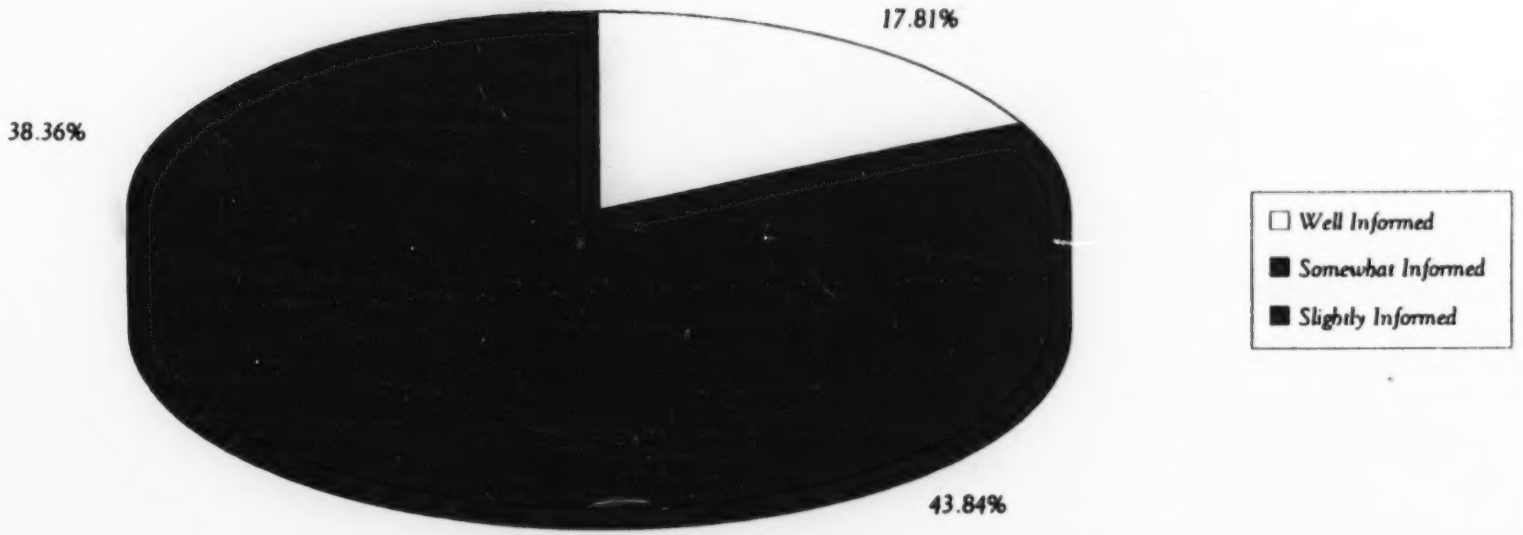

Figure 10. Of those who have heard of Part H, knowledge of this law

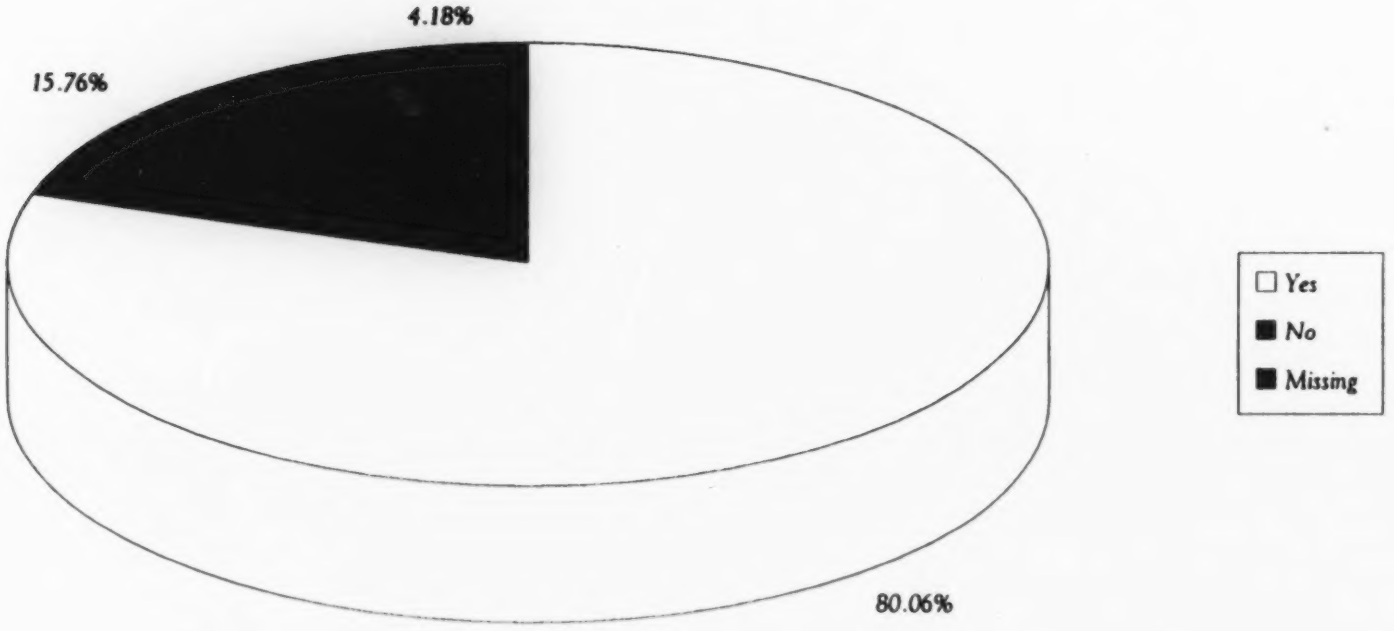

Figure 11. Heard of ADA

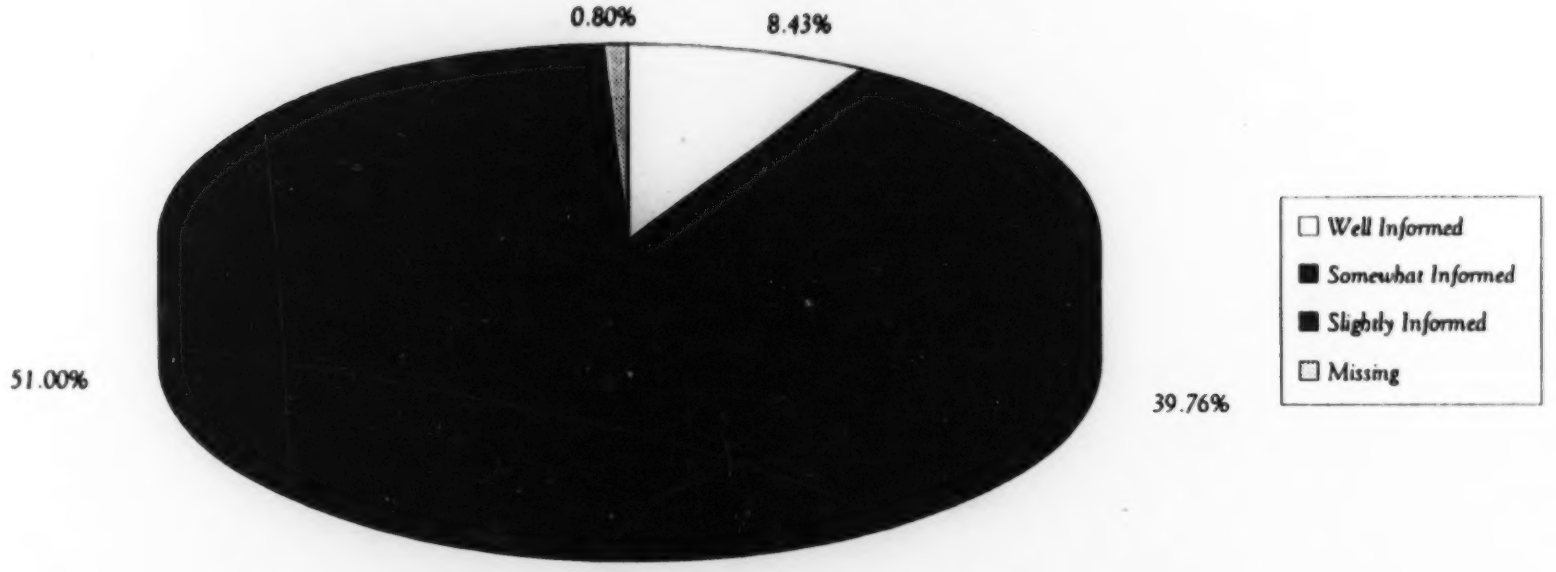

Figure 12. Of those who have heard of ADA, knowledge of this law

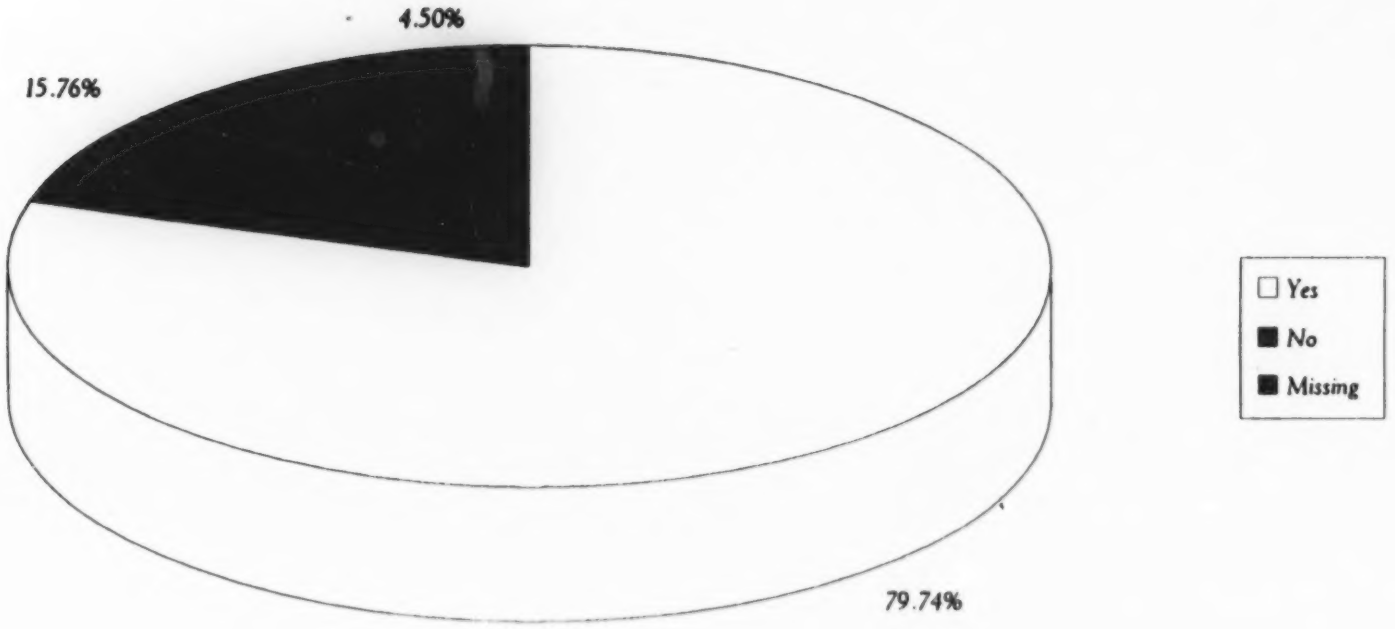

Figure 13. Learn more about any subject under Part H of IDEA

Appendix A

Department of Pediatrics
University of Connecticut School of Medicine

Background

What year did you complete medical school? _____ What year did you complete your residency? _____

What type of practice do you have? ☐ Full Time ☐ Part Time

What is your primary type of practice? ☐ Solo Private Practice ☐ Group Private Practice

☐ Hospital Based Practice ☐ Managed Care Practice

☐ Academic Appointment Yale ☐ Academic Appointment UCONN

☐ Academic Appointment Other

☐ Non Hospital Based Government Employee (e.g. Health Dept.)

What percentage of time do you spend in clinical practice? _____%

Are you: Board Eligible in Pediatrics? ☐ Yes ☐ No Certified in Pediatrics? ☐ Yes ☐ No

Do you accept patients who are on Medicaid in your practice? ☐ Yes ☐ No

If yes to the above question, do you complete EPSDT check ups? ☐ Yes ☐ No

Children with Disabilities

Did your medical school training include specific curriculum on children with disabilities? ☐ Yes ☐ No

Did your pediatric residency include specific training on children with disabilities? ☐ Yes ☐ No

Do you coordinate services for children in your practice who receive special education or early intervention services? ☐ Yes ☐ No

Have you ever directly participated in the development on an Individualized Education Plan (IEP) for a child in your practice? ☐ Yes ☐ No

Have you heard of Part H of the Individuals with Disabilities Education Act (IDEA) ☐ Yes ☐ No

If you answered yes to the previous question, how would you rate your knowledge of this law?

☐ *Well Informed.* I feel comfortable advising the parents of my patients on the services provided by this law.

☐ *Somewhat Informed.* I know about the law and I can give the parents of my patients a basic overview of the services provided by this law.

☐ *Slightly Informed.* I've heard about the law but I would not feel comfortable advising the parents of my patients on the services provided by this law.

Have you directly participated in development of an Individual Family Service Plan (IFSP) for a child in your practice? ☐ Yes ☐ No

BEST COPY AVAILABLE

Have you heard of Americans with Disabilities Education Act (ADA) ☐ Yes ☐ No

If you answered yes to the previous question, how would you rate your knowledge of this law?

☐ *Well Informed.* I feel comfortable advising the parents of my patients about their rights under this law.

☐ *Somewhat Informed.* I know about the law and I can give the parents of my patients a basic overview about the rights under this law.

☐ *Slightly Informed.* I've heard about the law but I would not feel comfortable advising the parents of my patients about their rights under this law.

How would you rate your understanding of the following public programs and their relationship to the care of children with disabilities?

	Well Understood	Somewhat Understood	Not Understood	Need More Information
Aid to Families with Dependent Children	☐	☐	☐	☐
Birth to Three Service Coordination Center	☐	☐	☐	☐
Board of Services for the Blind	☐	☐	☐	☐
Children with Special Health Care Needs	☐	☐	☐	☐
Commission on the Deaf and Hearing Impaired	☐	☐	☐	☐
Department of Income Maintenance	☐	☐	☐	☐
Department of Mental Retardation (DMR)	☐	☐	☐	☐
Department of Children and Youth Services	☐	☐	☐	☐
Early Periodic Screening, Diagnosis and Treatment	☐	☐	☐	☐
Healthy Start	☐	☐	☐	☐
Medicaid	☐	☐	☐	☐
Special Education (Local Education Agency)	☐	☐	☐	☐
Supplemental Security Income (SSI)	☐	☐	☐	☐
Women, Infants, and Children (WIC)	☐	☐	☐	☐

BEST COPY AVAILABLE

Would you be interested in learning more about any subject pertaining to young children with disabilities and services under Part H of IDEA? ☐Yes ☐No

If you are interested in learning more, what arrangement would work best for you? Please prioritize. 1=Most Preferred, 8=Least Preferred format.

- ☐ Brochures/Informational Packet
- ☐ Mini Fellowships/Post Graduate work
- ☐ Personal Meeting at your office
- ☐ Evening Meetings
- ☐ Grand Rounds
- ☐ Special Seminars
- ☐ Informational Phone Call
- ☐ Other _____

If you are interested in receiving information about the results of this survey, or any of the topics mentioned, please fill out the information below.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Are there specific topics you want more information about (please list)_____

_____

_____

_____

_____

_____

Once again, thank you for your time.

When completed, fasten by taping or stapling, place stamp where indicated and return to address listed on back cover.